

# 2017 Boys Clinic Basketball Registration Form



**Clinic League: Grades 1 & 2 (Harrisonburg City Residents Only)**

**Deadline: Friday, December 16, 2016 @ 5:00 pm.**

**Clinic sessions will be on Saturday mornings with two separate start times:**

**9:30am – 10:30am: \_\_\_\_\_**

**11:00am – 12:00pm: \_\_\_\_\_**

**Clinic begins January 7 and ends February 4.**

**Please fill out the form and return it to: 305 South Dogwood Drive Harrisonburg VA. 22801.**

**Forms can also be faxed to (540) 433-9169.**

**Attn: Erik Dart**

**For more information please call (540) 433-9168.**

**Player's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**School** \_\_\_\_\_

**Family Email** \_\_\_\_\_

**1<sup>st</sup> Guardian Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**2<sup>nd</sup> Guardian Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Name (other than someone above):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Special Health Needs** \_\_\_\_\_

**We may need volunteers, if interested, please let us know...**

## **Waiver Agreement**

I hereby certify that my child is in normal health and capable of safe participation in the 2017 Recreation Basketball Program. I assume all responsibilities in case of an accident at the facility. I hereby authorize the Harrisonburg Parks and Recreation to obtain medical treatment for my child in the event that parents and the emergency contact provided cannot be reached. I support the Harrisonburg Parks and Recreation's philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play and volunteer leadership.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_